

LD90000000/29

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

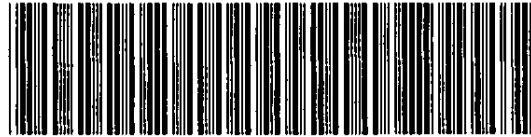
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 AUG 15 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 17 2012



2312 Wilton Drive Suite 8
Wilton Manors, FL 33305
Phone: 954.745.6171
Fax: 954.745.6172
www.AceAdvisoryGroup.com

Giovanni L. Acevedo
Financial Adviser

July 9, 2012

Registration Section
Divisions of Corporations
Clifton Building
2661 Executive Center Cir
Tallahassee, FL 32301

RE: ACE ADVISORY GROUP, LLC
DOCUMENT #L09000000129

Dear Registration Clerk:

Enclosed please find check #20148, in the amount of \$543.75, as payment for the Annual Report filing for the above referenced company. Please kindly note that we have inadvertently added Karen Hammett as MGR of our company in error. Unfortunately, while in the process of training someone on how to file an annual report electronically, we unintentionally added Karen Hammett to our company. We regret this error.

Accordingly, we are submitting the appropriate Articles of Amendment reflecting the removal of her information from the records of our company and have attached the appropriate payment in the amount of \$30.00, check #20149, to process the corrected information.

Should you have any questions, please do not hesitate to contact me directly at 954-745-6171. Your prompt attention to these matters is greatly appreciated!

Sincerely,

Giovanni L. Acevedo
Manager
Ace Advisory Group, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ace Advisory Group, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Giovanni L Acevedo

Name of Person

Ace Advisory Group, LLC.

Firm/Company

2312 Wilton Dr. Suite 8

Address

Wilton Manors, FL 33305

City/State and Zip Code

gacv2@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanni L Acevedo

Name of Person

at (**954**)

745-6171

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

12 AUG 15 AM 9: 59

Ace Advisory Group, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/31/2008 and assigned
Florida document number L09000000129.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

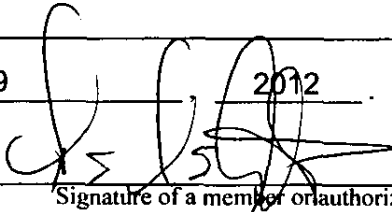
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Karen Hammett	2051 SE 3rd St TH4 Deerfield Beach, FL 33441	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated July 9 2012


Signature of a member or authorized representative of a member

Giovanni L. Acevedo
Typed or printed name of signee